

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Florence Barrett*  
Town *Perryville* County *Cecil* MARYLAND  
Died at  
Date of death 1909 / 6 Day 6 Age 26 Months — Days —  
Sex *Female* Color or Race *white* Birth-place *Cecil Co*  
Occupation *Housewife* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband *Amos Barrett*  
Father's Name *Jacob Barriker* Father's Birthplace *Cecil Co*  
Mother's Maiden Name *Lillie Waters* ✓ Mother's Birthplace *Pa*  
Name of person giving Information *Amos Barrett* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Nephritis* How long *2 months*  
Immediate *Uremic Convulsions* How long *day*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo. M. Stump*  
Address *Perryville Md.*  
Accident or Suicide



Name  
is  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George Benson*

Died at *Exton* Town *Cecil* County

State *MARYLAND*

Date of death *1909* Month *6* Day *1* Age *About 45* Years Months Days

Sex *Male* Color or Race *Colord* Birth-place *Unknown*

Occupation *Laborer* Where Residing if not at place of death *Union Hospital*

Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *✓* How related to deceased *176*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pituit Gland in Stomach* How long *12 hours*

Immediate *Hemorrhage* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Frank Jones Coroner*

*Knowledge & belief* Address *Exton Md*

Accident or Suicide *Murder*



Name  
in  
Full

Catherine Ann Brastre

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

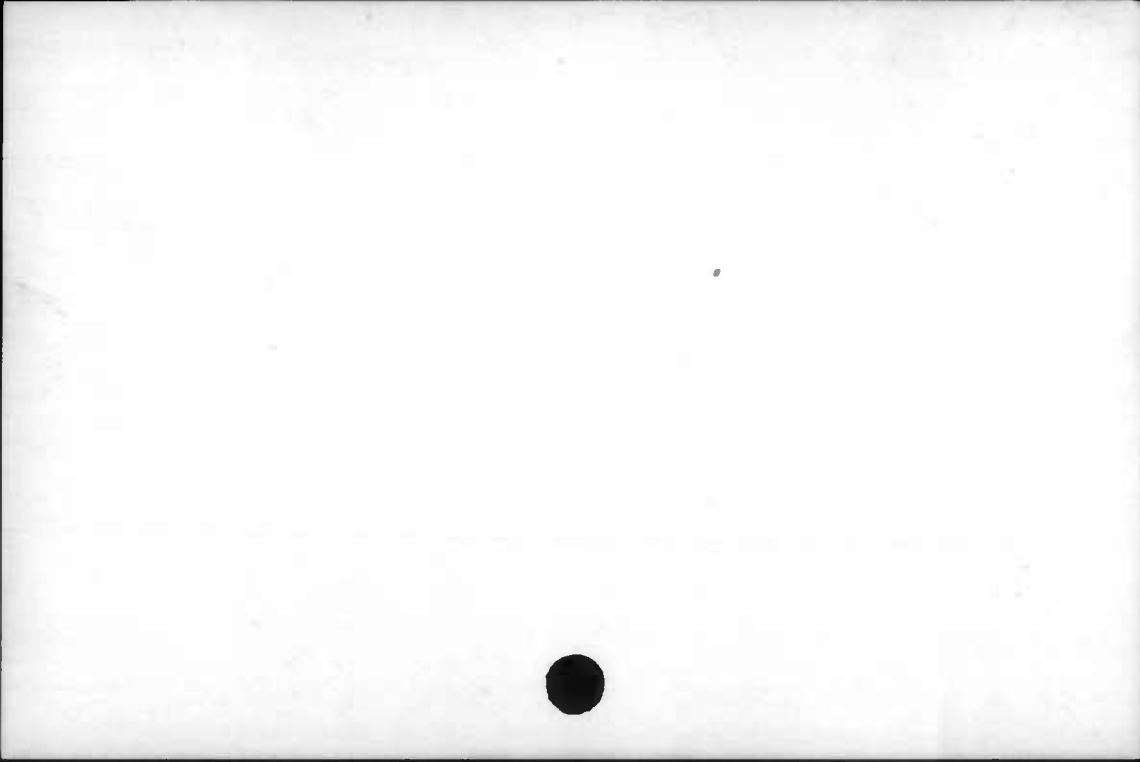
Died at <sup>Town</sup> *Clusprake City* <sup>County</sup> *Prail* **MARYLAND**  
Date of death <sup>Month</sup> *June* <sup>Day</sup> *26* <sup>Years</sup> *65* <sup>Months</sup> *3* <sup>Days</sup> *9*  
Sex *Female* Color or Race *White* Birth-place *Md.*  
Occupation *House wife* Where Raaiding if not at place of death \_\_\_\_\_  
Married, Single or Widowed *Married* Name of Wife or Husband *Andrew Brastre*  
Father's Name *Peter W. Mariner* Father's Birthplace *Del.*  
Mother's Maiden Name *Ann M. Gurr* Mother's Birthplace *Del.*  
Name of person giving Information *W. W. Brastre* How related to deceased *Son*

CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary *as formal diagnosis - Organic heart disease associated with +* How long *4 years*  
Immediate *General inanition* How long *6 months*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Clifton G. Franz Md.*  
Address *Clusprake City Md.*  
Accident or Suicide



Name  
in  
Full

Mary A Bruce

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> North East - <sup>County</sup> Cecil co MARYLANDDate of death 1909 <sup>Month</sup> June <sup>Day</sup> 6th <sup>Years</sup> Age 71 <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> white - <sup>Birth-place</sup> DelOccupation Farmer <sup>Where Residing if not at place of death</sup>Married, Single or Widowed married. <sup>Name of Wife or Husband</sup> Francis BruceFather's Name Daniel Frazier <sup>Father's Birthplace</sup> DelMother's Maiden Name Sarah Knox <sup>Mother's Birthplace</sup> DelName of person giving Information Francis Bruce <sup>How related to deceased</sup> Husband,

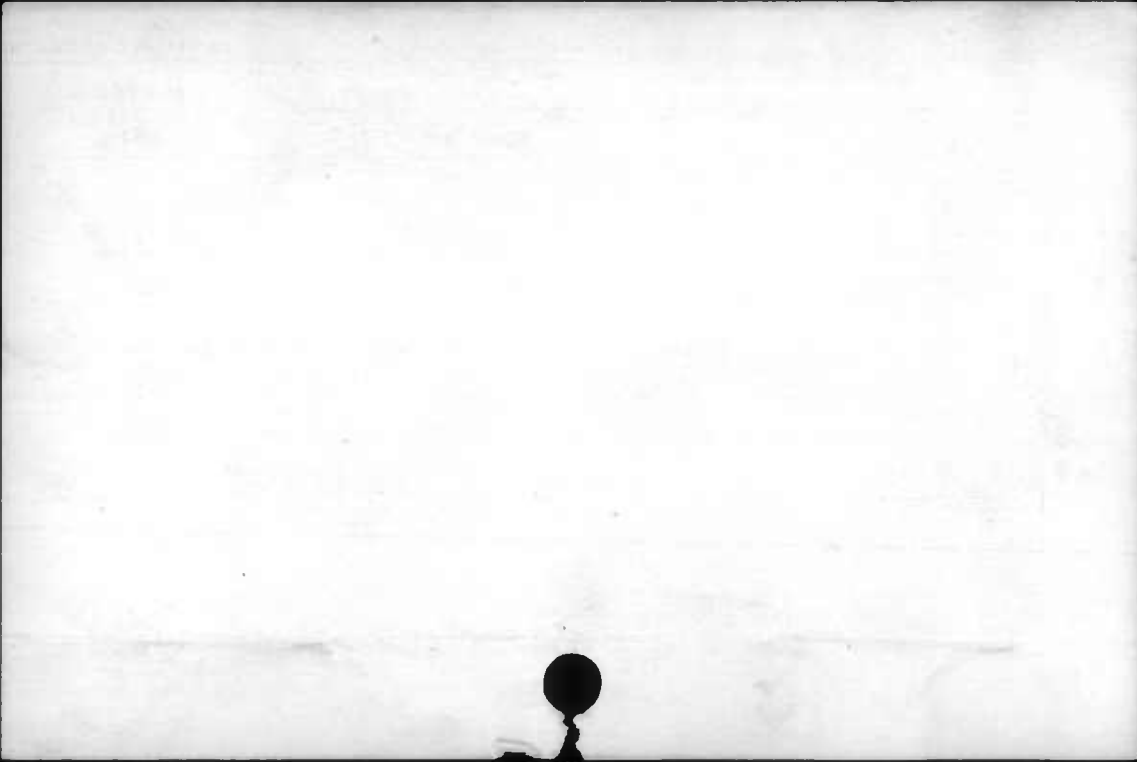
## CAUSES OF DEATH

66

Primary Paralysis <sup>How long</sup> 7 days  
Immediate <sup>How long</sup>Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> L. F. Hamrick<sup>Address</sup> North East

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

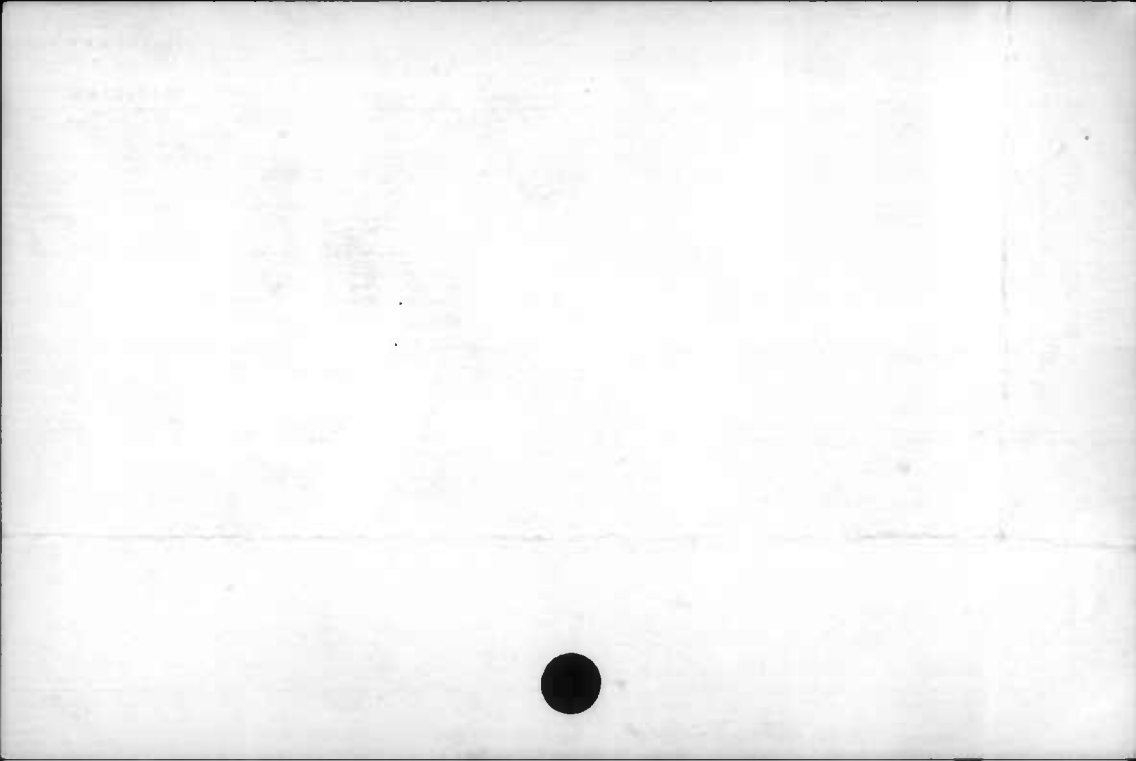
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Reeling if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Anterior poliomyelitis	How long	3 days
Immediate	convulsions	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide		Zurich Md	



Name  
in  
Full

Hanna E Craig

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Earlville Town Seal County MARYLANDDate of death 190 9 Month June Day 26 Age 36 Years 7 Months 7 DaysSex Female Color or Race white Birthplace West of MdOccupation House Where Residing if not at place of death EarlvilleMarried, Single or Widowed married Name of Wife or Husband Thomas A. CraigFather's Name John B Taylor Father's Birthplace West of MdMother's Maiden Name Mellicent Stampler Mother's Birthplace West of MdName of person giving Information Thomas A Craig How related to deceased Husband

## CAUSES OF DEATH

(27)

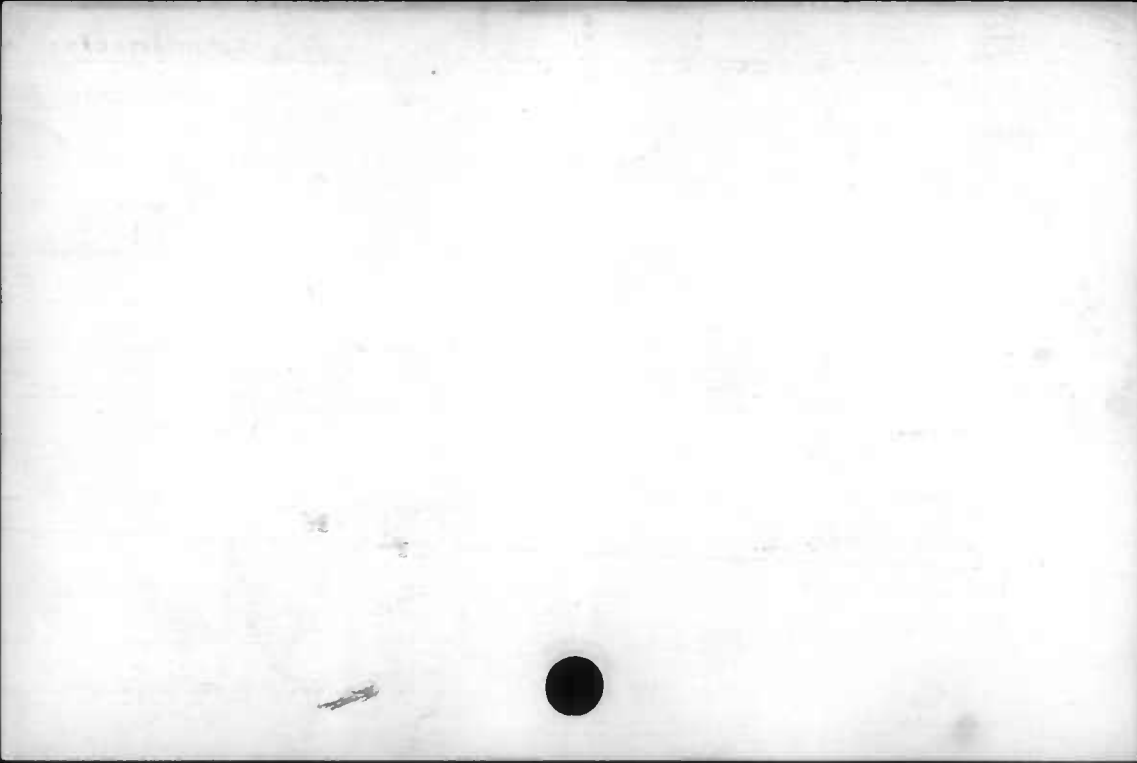
Primary Tuberculosis How long one yearImmediate accident & exhaustion How long several weeksAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

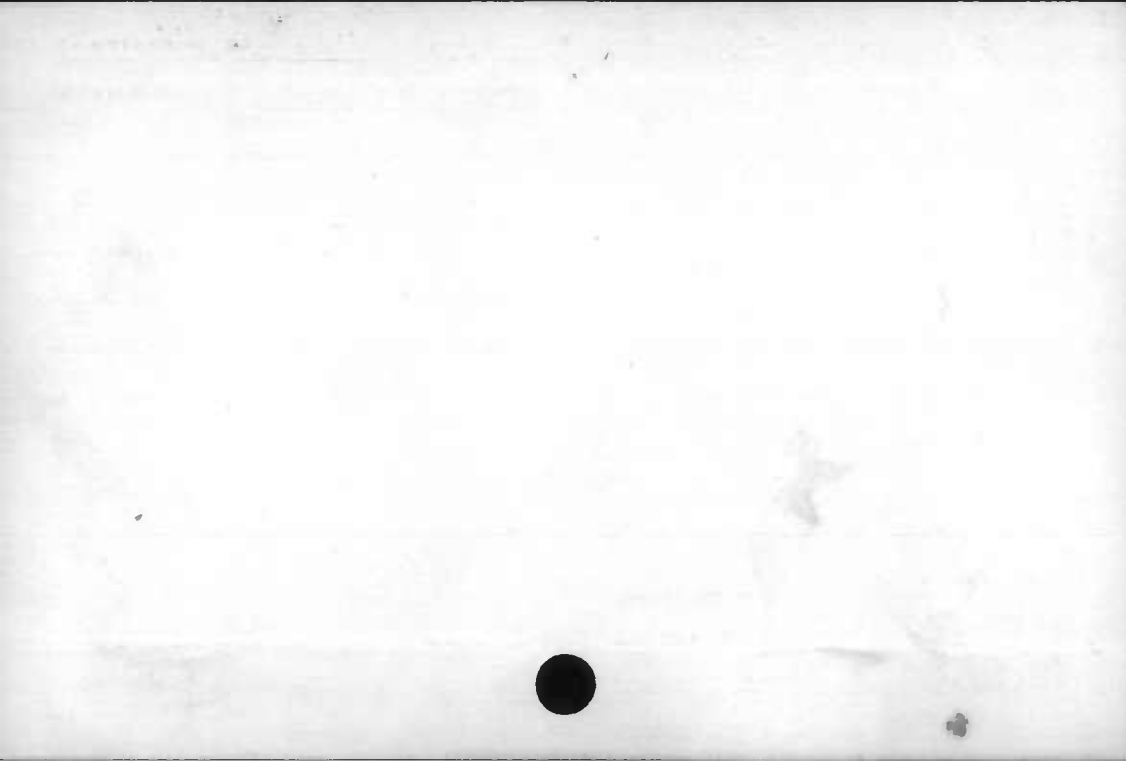
Address

T. J. Conner  
Chesapeake Beach  
MarylandPHYSICIAN  
OR CORONER

Accident or Suicide







Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		Town		County		MAYLAND	
Died at		Singerly		Carl			
Date of death		1909	Month 6	Day 3	Age 23	Years	Months
Sex		male		Color or Race		white	
Occupation		Railroad Laborer		Birth- place		staty	
Married, Single or Widowed		Single		Where Residing if not at place of death			
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving Information		Thomas Smith		How related to deceased		No	

CAUSES OF DEATH

166

Primary		How long	
Immediate		Immediate	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide		Eckton Md	





Name  
in  
Full

Lillian L. Duhamell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

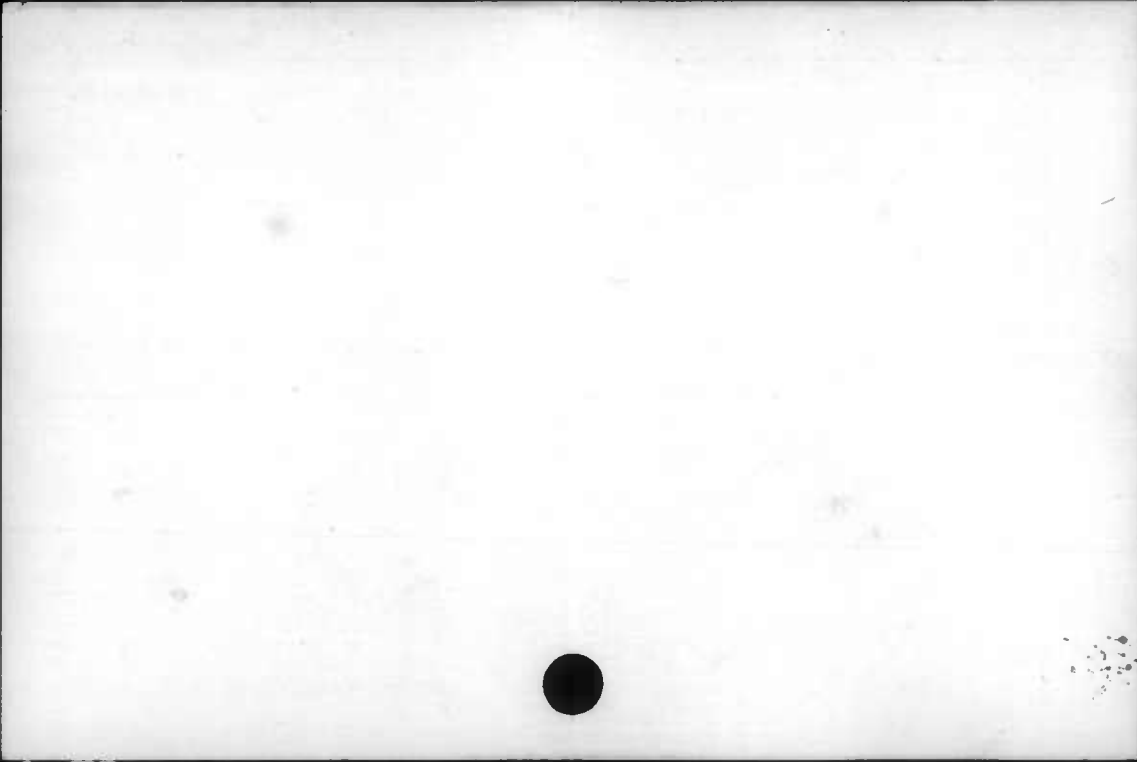
Died at <i>Kear</i> <sup>Town</sup> <i>Earleville</i> <sup>County</sup> <i>Cecil</i>		MARYLAND	
Date of death <i>1909</i> <sup>Month</sup> <i>6</i> <sup>Day</sup> <i>23</i> <sup>Years</sup> <i>19</i>	Age <i>19</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Phila - Pa.</i>	
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Walter H. Duhamell</i>		
Father's Name <i>Mr Anthony</i>	Father's Birthplace <i>Cecil Co, Md.</i>		
Mother's Maiden Name <i>Elizabeth Cross</i>	Mother's Birthplace <i>Phila, Pa -</i>		
Name of person giving Information <i>Walter H. Duhamell</i>	How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

137

Primary <i>Abortion</i>	How long <i>12 days</i>
Immediate <i>Peritonitis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>R. M. Black</i>
	Address <i>Cecilton Md</i>
Accident or Suicide <i>—</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William H Fowler

Town

County

MARYLAND

Died at

Cherry Hill

Cecil

Date

of death

1909

Month

June

Day

19

Age

Years

67

Months

4

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

(Retired) Engineer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Wm H Fowler

Father's  
Birthplace

Delaware

Mother's  
Maiden Name

Eliza Strope

Mother's  
Birthplace

Delaware

Name of person giving  
Information

Uriah Fowler

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Senile Arterio-Sclerosis

How long

6 mos

Immediate

Pyæmia

How long

4 to 5 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

O. J. Corries MD

Address

Cherry Hill

Accident or Suicide

PHYSICIAN  
OR CORONER

oH L



Name  
in  
Full

William Keene Fuller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

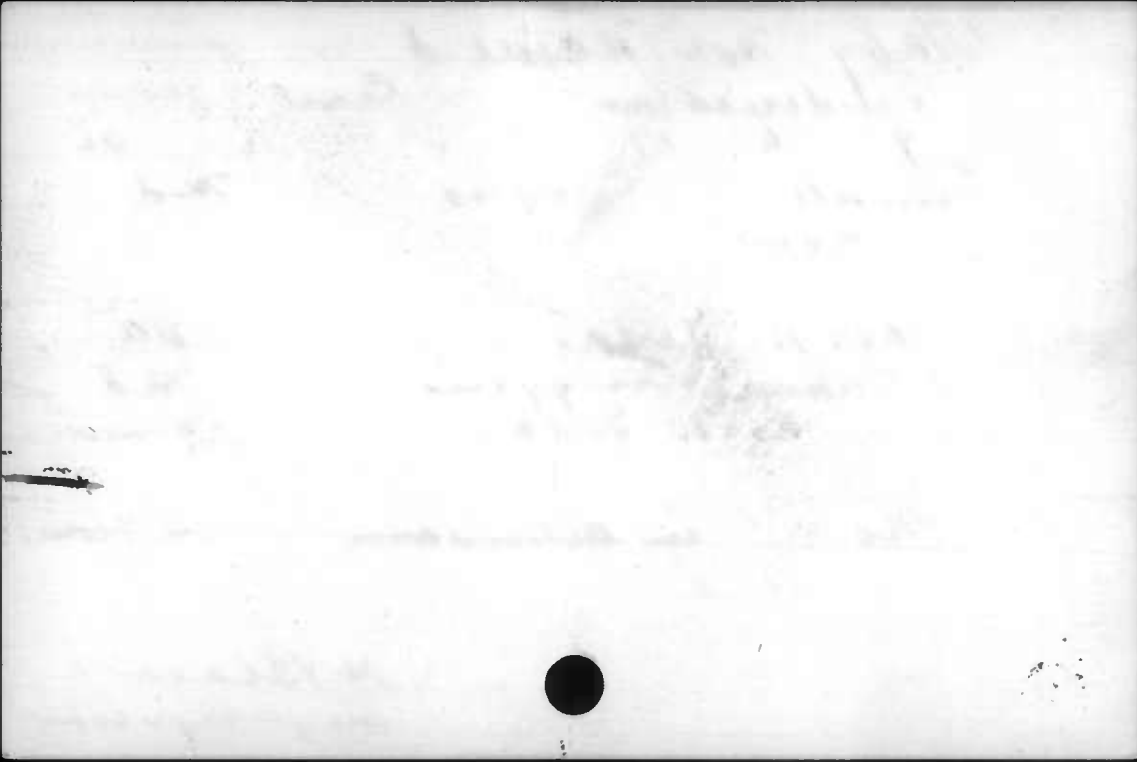
Died at <u>Rowlandville</u> <sup>Town</sup>		<u>Cecil</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	6 <sup>th</sup>	Day	24
Age	Years		Months	Days	
Sex	male		Color or Race	White	
Occupation	none		Birth-place	Rowlandville	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

61

Primary	<u>Marasmy</u>	How long	<u>Two months</u>
Immediate	<u>Meningitis</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. J. Roman	
Accident or Suicide		Address	
		Rt 1 Conowingo, Maryland.	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Baby not Named Gedar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Fredericktown* Town *Cecil* County **MARYLAND**Date of death *1909* Month *6* Day *17* Age *0* Years Months *0* Days *30*Sex *Female* Color or Race *Negro* Birth-place *MD*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Jas. W. Gedar* ✓ Father's Birthplace *MD*Mother's Maiden Name *Mamie Higgins* Mother's Birthplace *MD*Name of person giving Information *Jas W Gedar* How related to deceased *Father*

## CAUSES OF DEATH

**179**Primary *No. Dr in attendance* How long *24 Hours*

Immediate

Are the name, age, sex, color, date and place correctly given above?

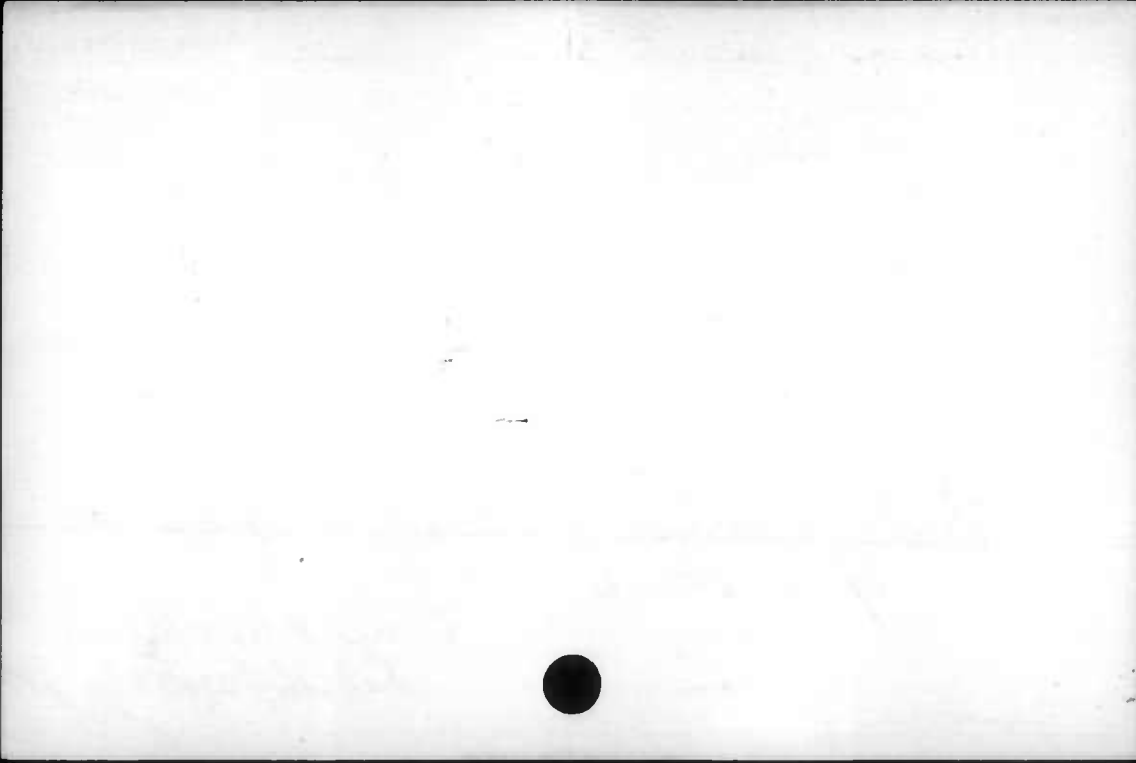
Signature of Physician

Address

PHYSICIAN  
OR CORONER**1**

Accident or Suicide

*J H Black*  
*Sup Registrar*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Isaiah Gray* Town *Clara* County *Cecil*

Died at *Clara* Maryland

Date of death 1909 Month *June* Day *29* Age *75* Years Months *1* Days *27*

Sex *man* Color or Race *White* Birth-place *Cecil, Co.*

Occupation *Carpenter* Where Residing if not at place of death *Clara*

Married, Single or Widowed *Married* Name of Wife or Husband *Adeline Gray*

Father's Name *John Gray* Father's Birthplace *Not known*

Mother's Maiden Name *Elizabeth Reynolds* Mother's Birthplace *.. ..*

Name of person giving Information *J. Harvey Gray* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Senile Cerebral Atrophy* How long *9 mo.*

Immediate *Exhaustion* How long *..*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Ernest R. Rutland*

*Liberty Grove, Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Nelson Johnson

Town

County

MARYLAND

Died at

Albany

Cecil

Date

of death

1909

Month

June

Day

4

Age

Years

Months

3

Days

14

Sex

Male

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William S. Johnson

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Mary G. Brock

Mother's  
Birthplace

Virginia

Name of person giving  
Information

Mary G. Johnson

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Meningitis

How long

2 weeks

Immediate

Coma

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

C. P. Carrico MD

Address

Cherry Hill  
MD

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

239



Name  
in  
Full

Ellen Mattia Lottman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Chesapeake City* Town *Beall* County *MARYLAND*Date of death 190 *9* Month *June* Day *14* Age *60* Years Months DaysSex *Female* Color or Race *White* Birth-place *Wilmington, N.C.*Occupation *Wife* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *George Lottman*Father's Name *Erasmus Williams* Father's Birthplace *Wilmington, N.C.*Mother's Maiden Name *Sarah Ann Bottoms* Mother's Birthplace *Don't know*Name of person giving Information *Mrs Annie Williams* How related to deceased *Sister*

## CAUSES OF DEATH

167

Primary *Dementia* How long *6 months*Immediate *Shock from Burn* How long *5 days*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Walter C. Laws, M.D.*Address *Chesapeake City, Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER

2  
Boxing at Henry's shop

Name  
in  
Full

Michellina Luciana

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Deposit</i>		County <i>Lucie</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>6</i>	Day <i>6</i>	Age <i>4</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Phila.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Luciana</i>		Father's Birthplace <i>Italy</i>			
Mother's Maiden Name <i>Philomena Rinaldi</i>		Mother's Birthplace <i>Italy</i>			
Name of person giving information <i>Ferdinando Perugini</i>		How related to deceased <i>no relation</i>			

## CAUSES OF DEATH

167

PHYSICIAN OR CORONER	Primary	<i>Burns (General, from head to foot)</i>		How long	<i>8 hrs</i>
	Immediate	<i>Carbon monoxide due to flames</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. G. York</i>		
			Address <i>Liberty Grove Mo</i>		
	Accident or Suicide? <i>Accident</i>				

J. G. Pennington

Bureau of Homesteads



Name  
in  
Full

Katherine R. Lynch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Exton* County *Cecil*

Died at *Exton*

Date of death 1909 *June* Month *15* Day *67* Age *11* Months *11* Days

Sex *Female* Color or Race *White* Birth-place *Kent Co., Md.*

Occupation *House work* Where Residing if not at place of death *Exton,*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *John W. Lynch* Father's Birthplace *Cecil Co.*

Mother's Maiden Name *Mary M. Hyrons* Mother's Birthplace *Kent Co.*

Name of person giving Information *E. G. Lynch* How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Diabetes Mellitus* How long *2 or 3 yrs.*

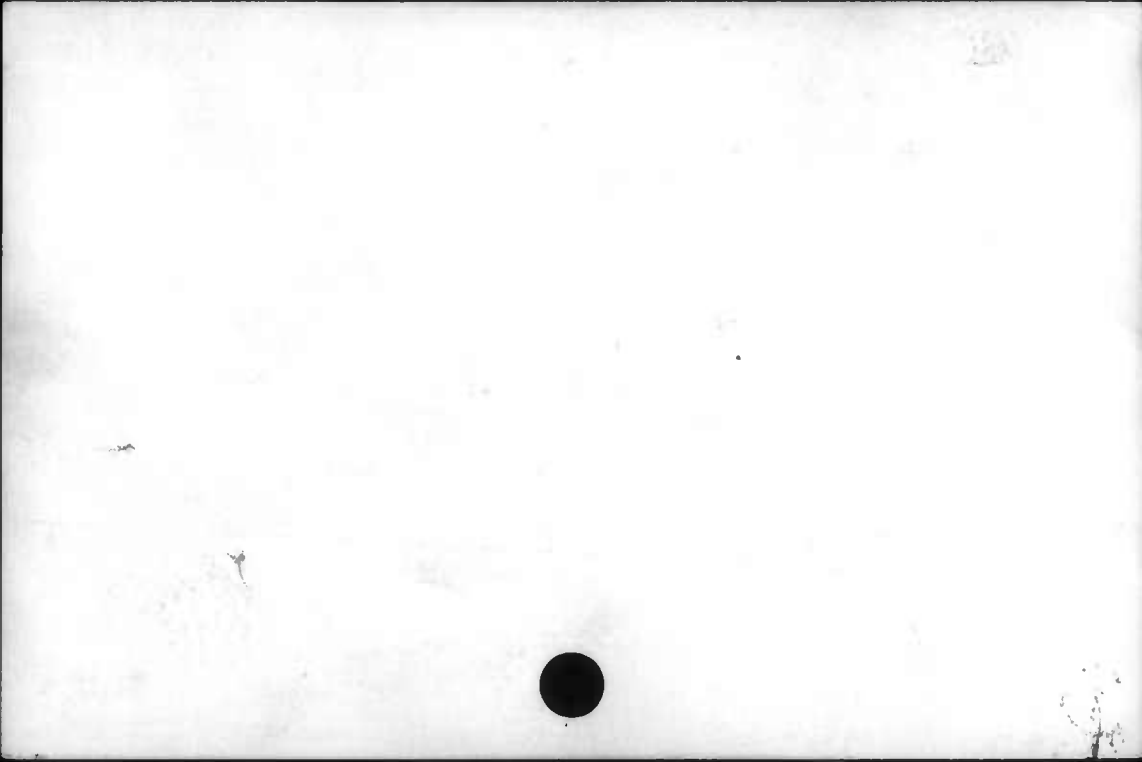
Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Wm. D. Cawley* Address *Exton Md*

Accident or Suicide

PHYSICIAN  
OR CORONER  
**1**



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James L. McAllister

Died at *Liberty Grove*

Town

*Cecil*

County

MARYLAND

Date  
of death 1909 6.

Month

Day

Age 49

Years

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Baltimore*

Occupation

*Labourer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*James McAllister*Father's  
Birthplace*England*Mother's  
Meiden Name*Catharine Broughton*Mother's  
Birthplace*Maryland*Name of person giving  
Information*Sarah F. Neerer*How related  
to deceased*Sister*

## CAUSES OF DEATH

176

Primary

*Blow on head (Fract. Skull)*

How long

*unknown*

Immediate

*Time struck by Scott Johnson with blunt end of hatchet.*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Frank J. Jones*

Address

*Elkton  
Md.*~~Accident or Suicide~~*Murder.*PHYSICIAN  
OR CORONER



1991/10/10  
10/10/1991

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*William Leon M. Lush*

Died at *Park* Town *Superior* County *Arch*

State **MARYLAND**

Date of death *1909* Month *June* Day *19* Age *2* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Park Superior*

Occupation *None* Where Residing if not at place of death *Park Superior*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Arthur Cole* Father's Birthplace *Blair*

Mother's Maiden Name *Marie E. Lush* Mother's Birthplace *Park Superior*

Name of person giving Information How related to deceased *brother*

## CAUSES OF DEATH

71

PHYSICIAN  
OF CORONER

Primary *Convulsions* How long *24 hours*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. E. Clum*

Address

Accident or Suicide *Accident*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	8	67			
Sex		Color or Race		Birthplace			
Male		White		Pennsylvania			
Occupation		Where Residing if not at place of death					
Farmer		Lombard Md.					
Married, Single or Widowed		Name of Wife or Husband					
Married		Mary E. Munnick					
Father's Name		Father's Birthplace					
Don't know		Don't know					
Mother's Maiden Name		Mother's Birthplace					
Don't know		Don't know					
Name of person giving Information		How related to deceased					
Mrs. George E. Munnick		Daughter					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	9 days
Immediate	Second attack	How long	24 Hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. H. Richardson	
		Address	
		Rising Sun	
		Maryland	
Accident or Suicide			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Owen Murphy  
Town *Charleston* County *Cecil*

MARYLAND

Died at  
Date of death 1909 *6* Month *27* Day *72* Age *72* Years *—* Months *—* Days

Sex *Male* Color of Race *White* Birth-place *Maryland*

Occupation *Fisherman* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Eugene Murphy*

Father's Name *John Murphy* Father's Birthplace *Maryland*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Charles N. Murphy* How related to deceased *Son*

CAUSES OF DEATH

*64*

Primary *Apoplexy*  
Immediate *Gro*

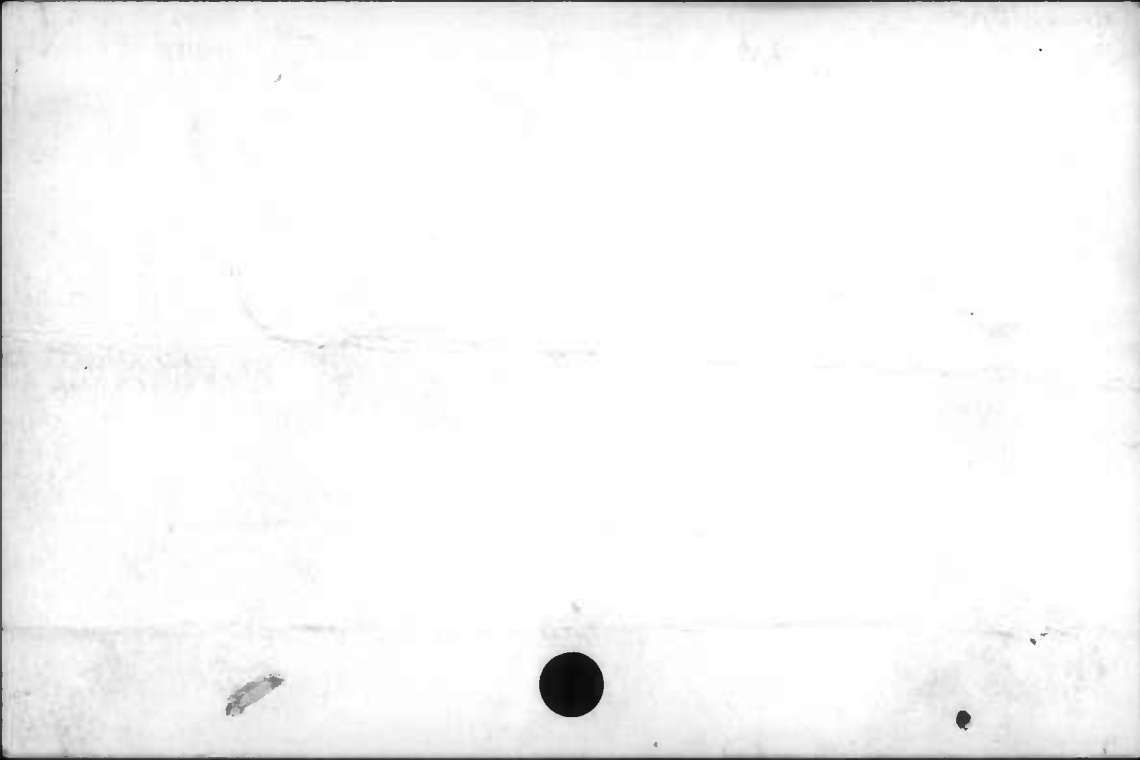
How long *Yrs*  
How long *Immediate*

Are the name, age, sex, color, data and place correctly given above? *Gro*

Signature of Physician *J. H. Hager*  
Address *Exton Ind*

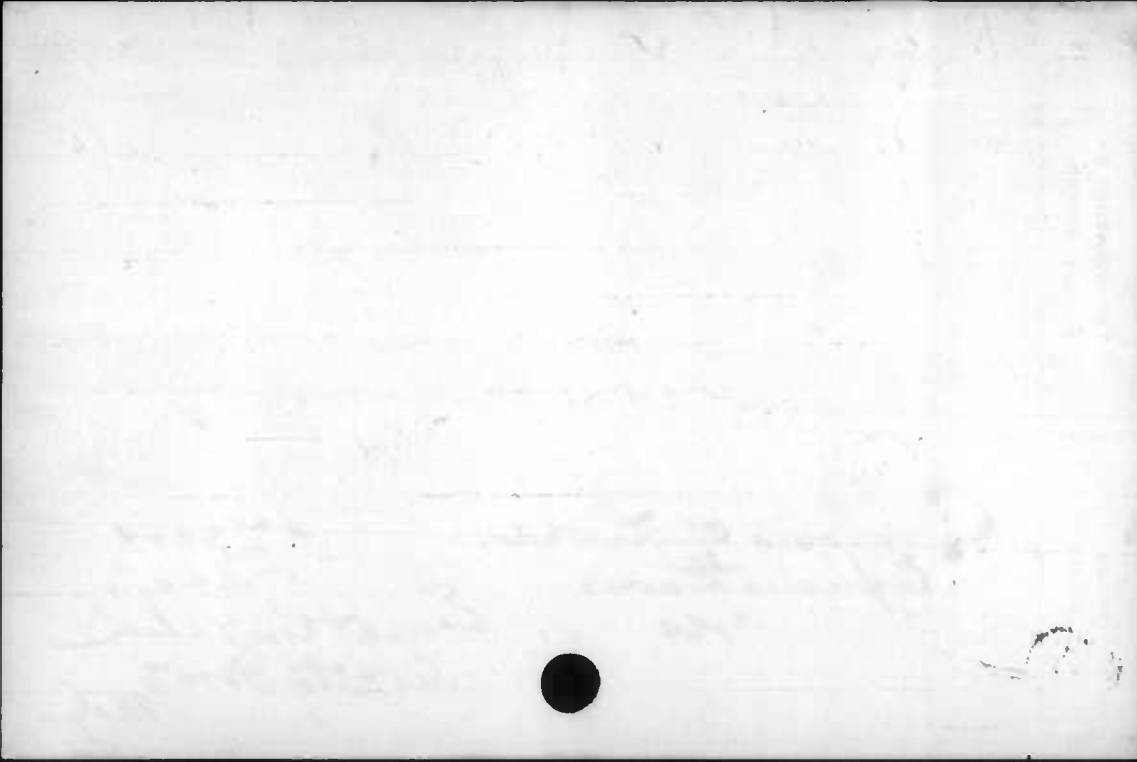
PHYSICIAN  
OR  
CORONER

Accident or Suicide



Name in Full		Robert D. Orr				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hoodlawn		County Cecil		MARYLAND		
	Date of death		1909	Month June	Day 8	Age 80	Years	Months	Days 13
	Sex		Male		Color or Race		White		Birth-place
	Occupation Farmer				Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband Margaret Orr						
	Father's Name Unknown				Father's Birthplace Unknown				
	Mother's Maiden Name Unknown				Mother's Birthplace Unknown				
Name of person giving information		C R Meller				How related to deceased Nephew			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary Bright's Disease					How long 2 yrs			
	Immediate Inanition					How long some hours			
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician J. S. Brown			
	yes					Address Port Deposit Md			
Accident or Suicide?									

120



Name  
in  
Full

William E. Porter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

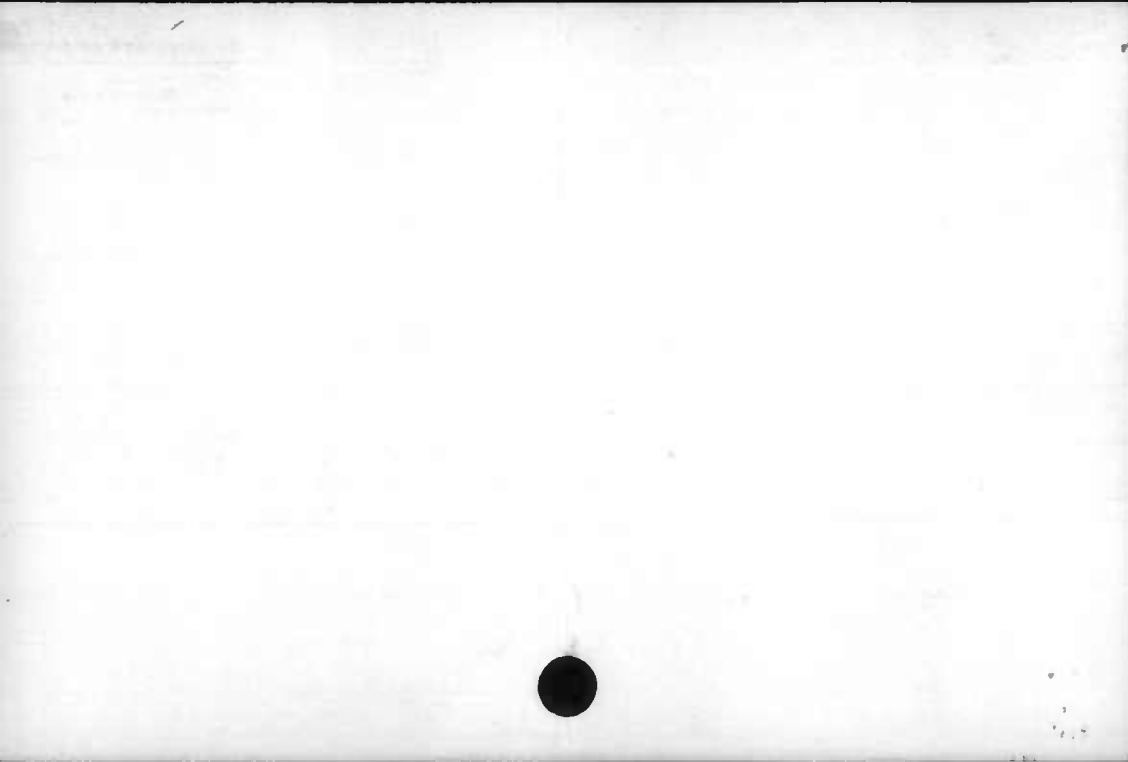
Died at		Town Rowlandville		County Beech County		MARYLAND	
Date of death		1909	Month June	Day 23	Age 80	Years 7	Months 23
Sex Male		Color or Race White		Birth-place Beech Co.			
Occupation Retired				Where Residing if not at place of death at home			
Married, Single or Widowed Widower		Name of Wife or Husband					
Father's Name John Hart Porter		Father's Birthplace Beech Co.					
Mother's Maiden Name Mary Anna Joy		Mother's Birthplace Beech Co.					
Name of person giving Information Geo. H. Porter		How related to deceased Son					

## CAUSES OF DEATH

112

Primary	Cirrhosis of Liver	How long	2 years
Immediate	Exhaustion	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Ernest Howard	
Address		Liberty Grove Md	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Alfred Ridley*  
Died at *North East* Town *Cecil* County

MARYLAND

Date of death *1909 June 13* Month *June* Day *13* Age *56* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Philadelphia*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *don't know* Father's Birthplace *don't know*

Mother's Maiden Name *don't know* Mother's Birthplace *don't know*

Name of person giving Information *Joseph J McKenney* How related to deceased *none*

CAUSES OF DEATH

**79**  
How long

Primary *Drop* How long *One year*

Immediate *Heart dilatation*

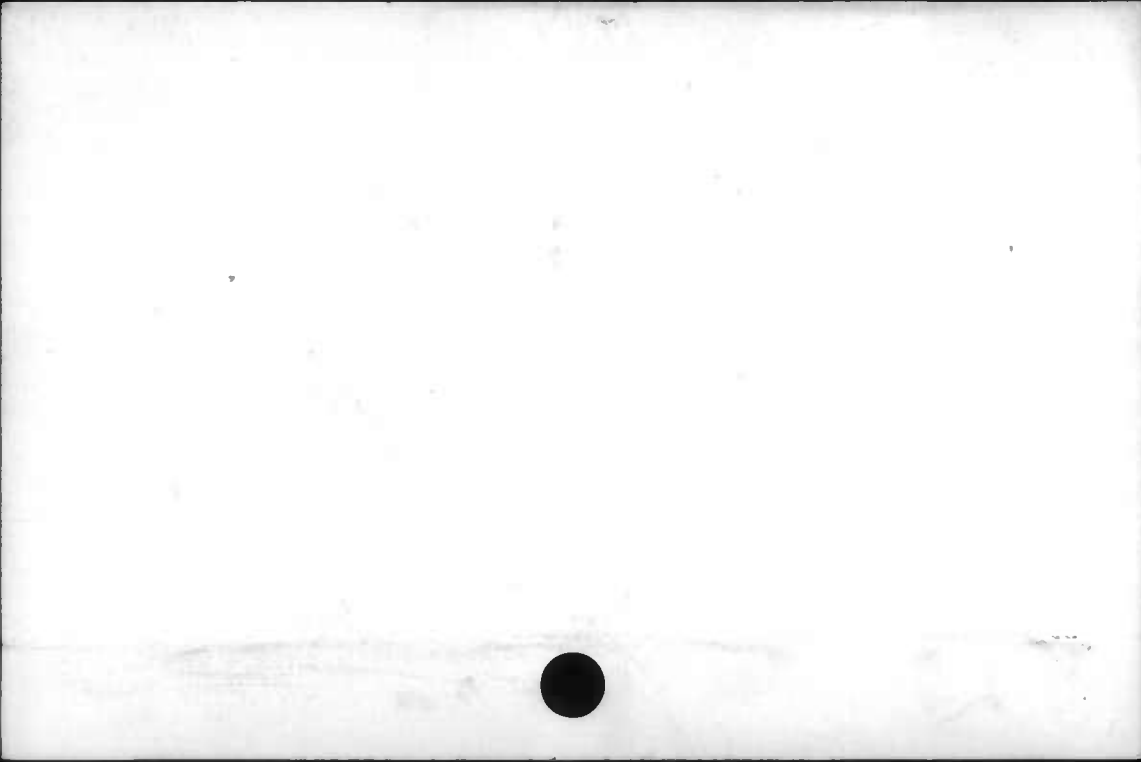
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician

Address *L J Hamrick North East Md*

Accident or Suicide

PHYSICIAN  
OR CORONER

**1**





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm James Stebbins* Town *Canal Station* County *Orail* *County* *Brunty* **MARYLAND**

Died at *Canal Station* *Orail* *Brunty*

Date of death 1909 Month *June* Day *21* Age *83* Months *6* Days *5*

Sex *Male* Color or Race *White* Birth-place *Charlottesville*

Occupation *Cure* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Harriet C. Stebbins*

Father's Name *George Stebbins* Father's Birthplace *England*

Mother's Maiden Name *Elizabeth Grant* Mother's Birthplace *not known*

Name of person giving Information *Wm H. Todd* How related to deceased *nephew*

## CAUSES OF DEATH

108

Primary

*Strangled bowels*

How long

*2 wks*

Immediate

*Heart Failure*

How long

*2 days*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

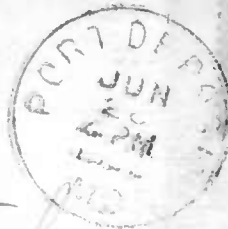
Signature of Physician

Address

*W. J. Jack*  
*Liberty Grove*  
*mi*

Accident or Suicide

*No*PHYSICIAN  
OR CORONER  
1



Mr. S. B. Tusk.

Colo.

Ind

Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Hugh Thompson*  
Town *Ennebec* County *Civil*  
Died at

MARYLAND

Date of death 190 *9* Month *6* Day *26* Age *74* Years Months *4* Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Mary Thompson*

Father's Name *Wm Thompson* Father's Birthplace *Ireland*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Alfred Thompson* How related to deceased *Son*

*was found dead.*

CAUSES OF DEATH

*166*  
How long

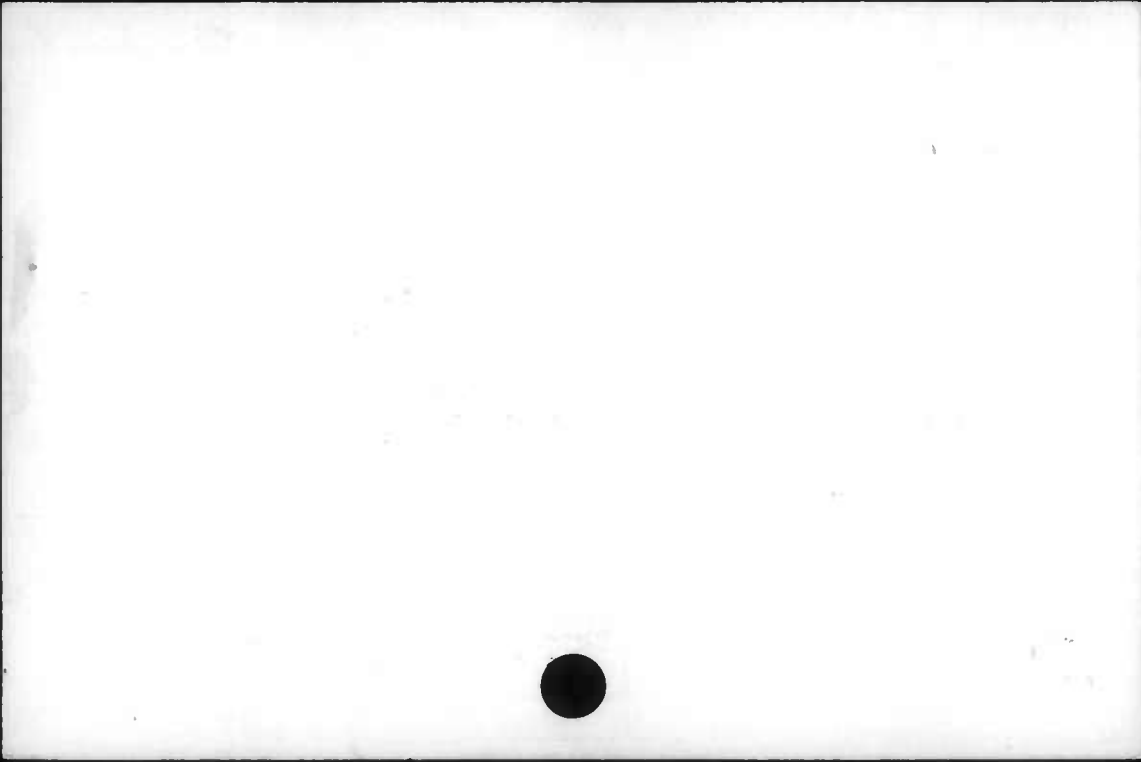
Primary *Thrown from wagon (horse ran away; wagon upset.)*  
Immediate *bad shock*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James Frazer*  
Address *Easton Md*

PHYSICIAN  
OR CORONER

Accident or Suicide *Accident*



Name  
in  
Full

Rebecca M Tannort-  
 Town Port Deposit County Cecil

CERTIFICATE OF DEATH

MARYLAND

Died at  
 Date of death 1909 June 25- Age 66  
 Month Day Years Months Days

Sex Female Color or Race White- Birth-place Post-Deposit-  
 Occupation Not any Where Reaiding if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Tannort-

Father's Birthplace Trenton N.J.

Mother's Maiden Name Elizabeth Thompson

Mother's Birthplace Post-Deposit

Name of person giving Information Laura Tannort-

How related to deceased Niece

CAUSES OF DEATH

Primary Rheumatism How long 6 years  
 Immediata Apoplexy How long 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

